

Application for Explosives Storage Magazine Permit
(Submit one application for each magazine)

Office of the State Fire Marshal
Department of Fire Services
P.O. Box 1025, State Road
Stow, MA 01775

- ☐ New
☐ Renewal
☐ Amended

TYPE OF STORAGE (CHECK ONE):

_____ **PERMANENT SITE**
_____ **DAY BOX**
_____ **TRUCK/MOUNTED**

Section One:

Name of Company: _____

Name of Applicant: _____
(Last) (First) (Middle)

Company Address: _____
(Street) (City/Town) MA (Zip Code)

Magazine Address: _____
(Street) (City/Town) MA (Zip Code)

Phone: () _____

Magazine is (circle one): **OWNED** **BORROWED** **LEASED** **RENTED**

Name of Magazine Owner if Borrowed, Leased or Rented: _____

(Street) (City/Town) (State) (Zip Code) (Phone)

Section Two:

Magazine ID #: _____

Permit #: _____

Type of Magazine (circle one): **Building** **Igloo** **Portable Box** **Trailer** **Day Box** **Truck**

Manufacturer of Magazine: _____

ATF Type (circle one): **I.** **II.** **III.** **IV.** **V.**

Location of Magazine/Truck: _____
(Street) (City/Town) (Zip Code)

Type of Locks (circle one): **padlock** **three-point** **mortise**

Dimensions and Physical Capacity of Magazine:

Constructed Capacity: _____ Height: _____ Length: _____ Width: _____
(In pounds or number of cases)

Types of Explosives to be Stored in This Magazine (circle one):

High Ex **Black/Smokeless** **Blasting Agents** **Detonators** **Fireworks**

Names and Telephone Numbers of Persons Who Can Open Magazine(s) for Inspection and/or Emergencies:

_____ () _____

_____ () _____

Section Three: (New & Amended Applications Only)

PERMANENT STORAGE ONLY: SUBMIT PLOT PLAN DIAGRAM OF PREMISES, NOT NECESSARILY DRAWN TO SCALE, SHOWING ALL BUILDINGS AND ALL MAGAZINES IDENTIFIED WITH DISTANCES AS DESCRIBED ABOVE.

Indicate if Magazines are Barricaded (circle one): Barricaded Unbarricaded

Show Distance in Feet To: Closest Magazine _____ Closest Passenger Railway _____
 Closets Inhabited Building _____ Closest Highway _____

Address of Closest Inhabited Building: _____

Name of Closest Highway: _____

Table of Distance Capacity: _____

Name of Alarm Company (Phone Numbers and Contact Names):

_____ () _____
_____ () _____

Section Four:

I attest that I have reviewed and am familiar with all Commonwealth of Massachusetts Explosives Laws and Regulations. I hereby consent to the release of all personal records containing data relative to this application, maintained by any individual or agency. I certify that I am authorized to execute this application. I declare under the penalty of perjury that the statements and information provided herein are true as of the date of this application. I am aware that there are significant penalties for submitting false information, including possible fines, civil penalties and imprisonment.

Pursuant to G.L. c. 148, §12, I acknowledge that the submittal of this application constitutes my consent to periodic administrative inspections by the State Fire Marshal or his designee of any building, structure, magazine or facility used to store such explosive materials or any records relative thereto.

Upon the sale or transfer of this Magazine, this Explosive Storage Magazine Permit is no longer valid.

Prepared By: _____ Date: _____
(Signature and Printed)

Restricted Office of State Fire Marshal Use Only:

Permit # MP- _____

Latitude: _____

Expiration Date: _____

Longitude: _____

Date Inspected: _____

Comments:

Approved By: _____